

DELMARVA FAMILY CARE

Elder Support at Home

Get paid to care for the family you already care for.

One-line promise: If you are already caring for a parent, spouse, or child at home, Delmarva Family Care will do the paperwork, payroll, and compliance work so you can be paid for the care you provide — as a proper employee, with a regular paycheck.

PLEASE READ — WHERE DELMARVA FAMILY CARE STANDS TODAY

Delmarva Family Care is now forming in Delaware. **It is not yet a licensed Delaware Personal Assistance Services Agency or an enrolled Delaware Medicaid provider.**

Families and caregivers who sign up now join the **interest list**. When licensing and enrollment are complete, Delmarva Family Care will contact sign-ups in the order received.

Joining is free. Delmarva Family Care will never charge a family to enroll or ask for any share of a caregiver's pay.

1. The Idea, in One Page

Every day in Delaware, family members provide most of the care that keeps a loved one safe at home.

A daughter helps her mother bathe, dress, and get to the bathroom safely. A husband helps his wife transfer from bed to chair, prepares her meals, and stays close in case she falls. A parent provides constant care for a child. A son does the shopping, the laundry, and the housekeeping so his father can stay in his own home.

Most of that care is unpaid — not because it has no value, but because there has been no simple way for a family to be paid for doing it.

Delaware Medicaid programs can pay for personal care at home for people who qualify. The care is real. The need is assessed and authorized. The hours are real. What a family usually does not have is an agency standing behind them to handle everything that comes with being paid through Medicaid.

That is Delmarva Family Care's job.

Delmarva Family Care is the agency being formed to do that work. Once licensed and enrolled, Delmarva Family Care will:

- Employ the family caregiver directly
- Handle Medicaid billing to the member's health plan
- Run payroll — taxes withheld, regular paycheck, W-2 at year-end

- Verify visits through the required electronic system
- Handle background checks, orientation, competency testing, and supervision
- Keep the records and meet the state rules that make the program work

The caregiver provides the care. The family member receives care from someone they know and trust. Delmarva Family Care handles the administration in between.

Delmarva Family Care keeps the administrative margin between what Medicaid pays the agency and what the caregiver earns as an employee. That margin covers what an employer and a licensed agency must pay for: payroll taxes, insurance, visit-verification software, billing, supervision, and staff. Section 3 of this packet shows those numbers openly.

No new burden is placed on the family. No family is charged to enroll. The caregiver's pay is the caregiver's pay — it is never shared back, and Delmarva Family Care will never ask for any share of it.

2. How It Works — Six Steps

Step 1 — We check eligibility together

You contact Delmarva Family Care. We talk through the member's situation, their Delaware Medicaid coverage, and which caregiver the family has in mind. If the program does not fit, we will tell you plainly.

Step 2 — The health plan / state assesses and authorizes hours

The member's health plan or the state assesses the member's level of care and, if the member qualifies, authorizes a set number of care hours in a written care plan. Delmarva Family Care does not decide the hours — the plan does, based on assessed need.

Step 3 — The member chooses their caregiver

The member chooses who will provide their care. That can be an adult child, another relative, or a friend — and, in the situations described in Section 4, a parent, guardian, or spouse. It is the member's choice.

Step 4 — Caregiver onboarding

Before providing paid care, the caregiver completes:

- Identity and work-eligibility documentation — the caregiver must be an adult legally able to work in the United States
- A criminal background check through the Delaware Background Check Center
- Drug screening
- Orientation and competency testing

These are Delaware requirements, not Delmarva Family Care preferences. They protect the member, the caregiver, and the program. See Section 4 for the rules and citations.

Step 5 — Care happens, with visits verified by a simple phone app

Care is provided at home, as set out in the care plan. Each visit is verified electronically through a simple phone app. This is called **EVV — Electronic Visit Verification** — and it is required by federal law. The app records that a visit took place; it is how Delaware confirms authorized care was delivered.

Step 6 — Delmarva Family Care bills the plan; the caregiver gets a regular paycheck

Delmarva Family Care bills the member's health plan for the authorized, verified care. The caregiver is paid as a **W-2 employee of Delmarva Family Care**, on a regular pay schedule, with taxes withheld — not as an informal arrangement, and not in cash under the table.

3. How You Get Paid

This section is written plainly, because families deserve to see the whole picture before they sign up for anything.

Who employs the caregiver

Delmarva Family Care employs the caregiver. The caregiver is a W-2 employee — not an independent contractor, and not paid informally by the family.

Who Delmarva Family Care bills

Delmarva Family Care bills Delaware Medicaid through the member's managed care health plan under the **Diamond State Health Plan Plus** program. Those plans are:

- AmeriHealth Caritas Delaware
- Highmark Health Options
- Delaware First Health

The numbers — agency rate vs. caregiver wage

These two numbers are different, and this packet will not blur them:

	Amount	What it is
Paid to the agency	\$27.42 / hour	Published Delaware agency rate for personal care, from the state DDDS published rate schedule. This is paid to Delmarva Family Care, the agency — it is not the caregiver's wage . Delmarva Family Care's own contracted rates will be set with each health plan at enrollment and may differ.
Caregiver wage — for comparison	About \$16.50 / hour	Median hourly earnings for home-care aides in Delaware, per the U.S. Bureau of Labor Statistics. Shown so families can judge any pay offer against the Delaware market.

Out of the agency rate, Delmarva Family Care must cover the caregiver's wage plus payroll taxes, insurance, visit-verification and billing software, supervision, and agency staff. That difference is the administrative margin described in Section 1.

Worked example

EXAMPLE ONLY

25 authorized hours per week at \$16.50 per hour

- Per week: $25 \times \$16.50 =$ **about \$412 per week**
- Per month: **about \$1,788 per month**, before taxes

This is an illustration, not a promise. **Actual wage and hours depend on the plan's authorization and Delmarva Family Care's pay scale at launch, and Delmarva Family Care must complete licensing and enrollment before any paid care begins.** Your hours are the hours in the member's authorized care plan — no more, and Delmarva Family Care does not set them.

A cap every family should know

Family members who are **legally responsible** for the person they care for — for example, a parent caring for their child, or a spouse — are limited to **40 hours of paid care per week each** under Delaware's self-directed attendant care rules. Plan your family's schedule with that cap in mind.

4. Who Qualifies

The member (the person receiving care)

- A Delaware resident
- Covered by Delaware Medicaid
- Meets the program's level-of-care assessment
- Has hours authorized in a care plan

If any one of these is missing, paid care through this program cannot start. Step 1 of the process — checking eligibility together — is how we find out, before anyone counts on hours that are not authorized.

The caregiver (the person providing care)

- An adult legally able to work in the United States
- Passes the criminal background check through the Delaware Background Check Center and drug screening — required by Delaware law, **16 Del. C. §§ 1145–1146**
- Completes orientation and a competency test **before** providing care, and yearly after — **16 DE Admin. Code 3345**

Who can be a paid caregiver:

- Adult children — yes
- Other relatives — yes
- Friends — yes
- Parents and guardians, for their child's care — yes, subject to the 40-hour-per-week cap for legally responsible family members
- Spouses — yes, spouses can be paid caregivers in Delaware's adult attendant-care programs; the member's plan confirms this at enrollment

Who cannot be paid

- **The Employer Representative:** the person who directs the care as Employer Representative cannot also be paid to provide that care. Directing and providing are two separate roles, and one person cannot hold both for the same member.
- **Anyone excluded by screening:** anyone who does not pass the Delaware Background Check Center criminal check or drug screening, or who appears on federal exclusion lists, cannot be paid to provide care.
- **No sharing of pay:** a caregiver's pay may not be shared back to the member. That is prohibited — full stop. The paycheck belongs to the caregiver who did the work.

5. The Care and Support Delmarva Family Care Provides

Care is provided according to the member's authorized care plan. Services can include:

Personal care

- Bathing and personal hygiene
- Dressing
- Toileting
- Transfers — for example, bed to chair, chair to standing
- Eating assistance

Homemaker and companion help

- Meal preparation
- Light housekeeping
- Laundry
- Shopping

Other authorized services

- Attendant care, as authorized in the care plan
- Respite care, where authorized — short-term relief so the regular caregiver can rest

Support around the care

Caregiving is the family's part. Everything around it is Delmarva Family Care's:

- Coaching for the caregiver — how the program works, what to expect, who to call
- Payroll, handled fully by Delmarva Family Care
- The EVV phone app, with help getting set up and using it
- Care-plan reviews, so the plan keeps matching the member's actual needs
- Supervisory check-ins, as Delaware licensure requires
- A support line to the Delmarva Family Care team when a question or problem comes up

6. Oversight — Why Families Can Trust This Program

Delmarva Family Care is not asking families to trust a promise. It is asking them to trust a structure — Delaware licensure, state program rules, and federal visit verification — that Delmarva Family Care will operate inside, in the open.

Delaware licensure

Delmarva Family Care will operate under Delaware licensure for Personal Assistance Services Agencies — **16 Del. C. § 122(3)x** and **16 DE Admin. Code 3345** — overseen by the **Division of Health Care Quality**. Those rules cover caregiver screening, orientation, competency, supervision, and agency operations.

State program administration

The Medicaid programs Delmarva Family Care will bill are run by Delaware's **Division of Medicaid & Medical Assistance**. Eligibility, level-of-care assessment, and authorized hours come through the member's plan under that program — not from Delmarva Family Care.

Caregiver screening

Every caregiver is screened through the state **Background Check Center**, with drug screening, as required by **16 Del. C. §§ 1145–1146**.

Visit verification

Every visit is verified through EVV — Electronic Visit Verification — required by the federal **21st Century Cures Act** and run through Delaware's EVV system, **HHaExchange**. Authorized care, delivered and verified, is what gets billed. Nothing else.

That structure protects everyone: the member, whose care plan is followed and reviewed; the caregiver, who is a screened, trained, supervised employee; and the family, who can see that the program paying them is the real Delaware program, run by its real rules.

7. Sign Up

There are two ways in, depending on who you are.

Path A — Families

You are caring for a parent, spouse, or child — or you are the member who needs care — and you have a caregiver in mind, or you are that caregiver.

Sign up on the **family sign-up page** on Delmarva Family Care's website, with the member's and the caregiver's details as the form asks for them.

Path B — Caregivers

You are an adult who wants to be a paid caregiver through Delmarva Family Care.

Sign up on the **caregiver sign-up page** on Delmarva Family Care's website.

What happens next — for both paths

1. **We call you.** A member of the Delmarva Family Care team contacts you to talk through your situation.
2. **We check eligibility together.** Member coverage, level of care, and the caregiver's screening path — the same Step 1 described in this packet.
3. **You keep your place in line.** Sign-ups are held in the order received. When licensing and enrollment are complete, Delmarva Family Care contacts sign-ups in that order to begin enrollment.

There is no cost to sign up, and signing up is not a commitment by you or by Delmarva Family Care. It is your place in line, and an honest conversation about whether the program fits your family.

CLOSING NOTICE — PLEASE READ

Delmarva Family Care is now forming in Delaware. **It is not yet a licensed Delaware Personal Assistance Services Agency or an enrolled Delaware Medicaid provider.**

Families and caregivers who sign up join the **interest list**; when licensing and enrollment are complete, Delmarva Family Care will contact sign-ups in the order received.

Joining is free; Delmarva Family Care will never charge a family to enroll or ask for any share of a caregiver's pay.

DELMARVA FAMILY CARE — Elder Support at Home

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APPENDIX — The Complete Sign-Up Requirements

This appendix is part of the packet. It lists everything a participant and a family caregiver must have to qualify and sign up — the same lists published on the Sign Up page of Delmarva Family Care's website — with the government source for every requirement, so any family can verify any line for themselves.

Status note: Delmarva Family Care is in formation — not yet licensed as a Personal Assistance Services Agency (PASA) and not yet enrolled with Delaware Medicaid. Signing up today means joining the interest list. The qualifications below are the program rules a family will be measured against at enrollment — they are Delaware's rules, not Delmarva Family Care's inventions. Dollar figures are 2026 figures and change every January.

The Short Version (plain language)

For the person who will receive care (the “participant”):

1. You live in Delaware.
2. You are covered by Delaware Medicaid — for long-term care that means passing a money test: in 2026, gross income at or under **\$2,485/month** (the state sets the limit at 250% of the SSI standard) and countable assets at or under **\$2,000** if you are single. If your income is over the limit, Delaware requires a **Miller Trust** (Qualified Income Trust) to qualify — being over is not the end of the road. If you are married, your spouse can keep a protected share of income and savings.
3. You pass a care test: for adult long-term care, you must need a **nursing-facility level of care** (skilled or intermediate care, under Delaware Medicaid's criteria). For a child, the child's medical/behavioral-health team and health plan must find a medical need for help with everyday activities.
4. You are enrolled in the right program: adults (18+) with a qualifying disability go through **DSHP Plus** long-term care with one of Delaware's three Medicaid health plans; children **under 21** go through **Self-Directed Attendant Care (SDAC)**. A state-funded door also exists through **DSAAPD** for adults 18+ with a disability who meet financial and functional tests.
5. Your health plan authorizes a set number of care hours in a care plan. **No authorized hours, no paid care.**
6. The care happens **at home, in the community** — self-directed attendant care is not offered to people living in a nursing facility or assisted living facility.
7. You (or your representative) choose to direct the care, and your family names an **Employer Representative** to run the employer side of it. That representative can never be the paid caregiver.

For the family caregiver (the “attendant” Delmarva Family Care employs and pays):

1. You are **at least 18 years old**, have a **valid Social Security number**, and are **legally authorized to work in the United States** (Form I-9).
2. You have the **skills to do the care** the care plan calls for.

3. You pass Delaware's screening, and you pass it **before** you start: a fingerprint-based **criminal background check** through the state Background Check Center, and a **drug test** (the panel includes marijuana, cocaine, opiates, PCP, and amphetamines — Delaware law still requires it for this workforce even though marijuana is legal in Delaware).
4. Some things are **absolute bars**: being on the Adult Abuse Registry, a sex-offender registry, or the federal excluded-provider list; and — for agency employment — convictions the state calls disqualifying (abuse/neglect of a resident or impaired adult within 15 years, theft felony within 10 years, theft misdemeanor within 2 years).
5. You complete Delmarva Family Care's **orientation** (the state's required topics) and pass a **competency test before your first visit**, and again every year.
6. **Family rules**: adult children, relatives, and friends can be paid. A person who is *legally responsible* for the participant (a parent or guardian for a child; a spouse for an adult) is capped at **40 hours per week** each. Hours above that cap must be worked by someone who is not legally responsible. The Employer Representative can never be paid to give care. A caregiver's pay can never be shared back to the participant.
7. You clock every visit in the **EVV** (electronic visit verification) app. Since July 1, 2025, Delaware denies payment for visits that EVV cannot match — no EVV record, no pay for that visit.
8. You are a **W-2 employee**: taxes withheld, workers' compensation coverage, paid by direct deposit.

One sentence for the whole program: *Medicaid decides who qualifies and how many hours; the family decides who gives the care; Delmarva Family Care makes that person a legal, screened, trained, verified employee and pays them.*

Section A — The Participant (person receiving care)

A1. Delaware residency

- The applicant must be a **Delaware resident**. DMMA states this expressly for the long-term care programs: "An individual applying for the Nursing Facility program must be a Delaware resident..." — the same residency requirement runs through Delaware Medicaid generally, and the DSHP Plus self-direction operator lists "Delaware resident" as the first qualifier.
- Source: DMMA, *Long Term Care Medicaid Programs* — <https://dhss.delaware.gov/dmma/home/medicaid/long-term-care-medicaid-programs/> (establishes residency + the financial and medical tests in A2–A3).
- Source: GT Independence, *Delaware Diamond State Health Plan-Plus (DSHP-Plus)* — <https://gtindependence.com/state/delaware/delaware-diamond-state-health-plan-dshp/> (operator page: "Delaware resident; Age 18 and older with a qualifying disability").

- Practical meaning at sign-up: the participant must actually live in Delaware — a Delaware home address where care will be delivered. Residency is proven at the Medicaid application (see Part 4, Section C).

A2. Medicaid financial eligibility — the money test (adult long-term care / DSHP Plus LTSS)

Delaware is an **income-cap state** for long-term care. There is no Medicaid “spend-down” for these programs; the tests are:

Test	2026 figure	Basis
Income limit (single)	\$2,485/month gross	Delaware sets the LTC income limit at 250% of the SSI standard [PRIMARY — DMMA]. The 2026 federal SSI benefit rate is \$994/month for an individual [PRIMARY — SSA]; $250\% \times \$994 = \$2,485$. The dollar figure is arithmetic on those two primary inputs; independent compilations agree [SECONDARY].
Income over the limit	Miller Trust required	“If the applicant’s gross monthly income exceeds the income limit for this program (set at 250% of the Supplemental Security Income – SSI – standard), they will need to establish a Miller Trust in order to qualify.” [PRIMARY — DMMA LTC page]. The trust must be irrevocable and funded only with income [SECONDARY — confirm terms with DMMA/eligibility counsel at application].
Asset (resource) limit — single	\$2,000	“Their assets cannot exceed \$2,000 unless they have a spouse.” [PRIMARY — DMMA LTC page].
Asset limit — couple, both applying	\$3,000	[SECONDARY — consistent across 2026 compilations; matches the federal SSI couple resource limit, SSA 2026 COLA fact sheet: individual \$2,000 / couple \$3,000].
Community spouse protections (one spouse applying)	Non-applicant spouse may keep a Community Spouse Resource Allowance of \$32,532–\$162,660 and a Monthly Maintenance Needs Allowance of \$2,705–\$4,066.50	[SECONDARY — 2026 federal-standard compilations (ElderLawAnswers key-state table; American Council on Aging). These are federal formula outputs; confirm the exact figure at the eligibility determination, because the allowance is calculated from the couple’s actual assets and income.]
Home equity cap	\$752,000 (2026)	[SECONDARY — reported from DMMA’s 2026 standards notice electing the federal minimum. The cap does not apply if a spouse, a child under 21, or a blind/disabled child lives in the home.]

Test	2026 figure	Basis
Asset-transfer look-back	60 months — gifts/transfers for less than fair value inside the look-back can trigger a penalty period	[SECONDARY — standard federal rule as applied in Delaware compilations. Families who have transferred assets need eligibility counsel before applying.]

- Sources: DMMA, *Long Term Care Medicaid Programs* — <https://dhss.delaware.gov/dmma/home/medicaid/long-term-care-medicaid-programs/> ; SSA, *SSI Benefits / 2026 Federal Benefit Rate* — <https://www.ssa.gov/ssi/text-benefits-ussi.htm> and SSA 2026 COLA fact sheet — <https://www.ssa.gov/news/en/cola/factsheets/2026.html> ; compilations: <https://www.medicaidplanningassistance.org/medicaid-eligibility-delaware/> and <https://www.elderlawanswers.com/key-state-medicaid-information-for-delaware> .
- **Who decides:** the Division of Social Services (DSS) determines Medicaid eligibility; DMMA's Medicaid Central Intake Unit handles long-term care applications — **1-866-940-8963** [PRIMARY — DMMA LTC page]. Applications also run through the Delaware ASSIST self-service portal or any State Service Center [PRIMARY — DSS, *Medical Assistance Programs* — <https://dhss.delaware.gov/dss/division-of-social-services/medical-assistance-programs/>].
- **Children are different:** SDAC eligibility rides on the child's ordinary Delaware Medicaid coverage (income tested against the child's Medicaid category, not the LTC cap above). The SDAC financial test is simply: the child is **on Delaware Medicaid** [PRIMARY — SDAC FAQ, §A5 below].
- **Working applicants:** people who receive SSI are automatically approved for regular Medicaid in Delaware, and DSHP Plus also covers categories such as dual eligibles (Medicare + Medicaid) and workers with disabilities who buy in [SECONDARY/PRIMARY-mixed — DMMA HCBS spending plan description of DSHP Plus populations, https://www-test.dhss.delaware.gov/wp-content/uploads/sites/9/dmma/pdf/rescue_act_de_oct_2021_qtr_update_fhcbcs_spending_plan.pdf]. Delmarva Family Care does not make this call — DSS does.

A3. Level of care / medical necessity — the care test

- **Adults (DSHP Plus LTSS):** the applicant must need a **skilled or intermediate level of care** — “in other words, the individual must require the level of care provided by a nursing facility” — as defined by Delaware Medicaid criteria [PRIMARY — DMMA LTC page]. For self-directed personal care specifically, Delaware First Health's policy states the test the same way: “To be eligible to receive self-directed personal care/attendant care services, member must show **medical necessity**” [PRIMARY — DFH Payment Policy DE.PP.003].
- **Children (SDAC):** the child must have an assessed need for personal attendant care/home health aide services “determined by a child's medical/behavioral health team and managed care organization (MCO),” based on the need for help with ADLs/IADLs that is **age-appropriate and medically necessary** [PRIMARY — DMMA SDAC FAQ, Dec 2024 — <https://dsadelaware.org/wp-content/uploads/SDAC-FAQ-122024-1.pdf>].

- **Who assesses:** the MCO’s care coordinator/case manager (adults and children in managed care). The case manager also sets the authorized hours (A6) and monitors whether self-direction remains viable for the member [PRIMARY — DFH DE.PP.003, Monitoring].
- Practical meaning: a doctor’s note alone does not qualify anyone. The assessment is the program’s, and it is repeated — eligibility and hours are re-determined on the plan’s review cycle.

A4. Program enrollment — the participant must be in the right program

Route	Who it serves	Key entry facts
DSHP Plus LTSS (managed long-term care, §1115)	Adults 18+ with a qualifying disability who meet the A2 money test and A3 level-of-care test	Care delivered through one of the three MCOs — AmeriHealth Caritas Delaware, Highmark Health Options, Delaware First Health [PRIMARY — master plan §2.1, DMMA]. Benefit list expressly includes “Consumer Directed Attendant Care” and “Personal Care Services.” A member cannot receive DSHP Plus and DDDS Lifespan services at the same time [PRIMARY — DHSS compare-plans page, below].
SDAC (state-plan personal care, self-directed option)	Children up to age 21 on Medicaid with a complex medical condition, intellectual/developmental disability, and/or behavioral-health condition causing the ADL/IADL need	Began January 1, 2023. Family directs through an Employer Representative (A7). [PRIMARY — SDAC FAQ].
DSAAPD Attendant Services Program (state-funded, 16 Del. C. ch. 94)	Adults 18+ with a disability who meet financial and functional eligibility ; the statute defines the eligible person as a Delaware resident with “a severe, chronic mental or physical disability” impairing ADLs/self-care/mobility (16 Del. C. § 9403(3))	Participant-directed by statute (§ 9404); income-based sliding fee applies (§ 9404(2)); funding is appropriation-dependent. [PRIMARY — DSAAPD, <i>In-Home Support</i> — https://dhss.delaware.gov/dsaapd/division-of-services-for-aging-and-adults-with-physical-disabilities/in-home-support-to-help-you-live-independently/ ; statute per master plan §2.2(d)]. DSAAPD’s older-adult personal care (non-self-directed) serves residents 60+, or 18+ with a physical disability [PRIMARY — same DSAAPD page].

Route	Who it serves	Key entry facts
DDDS Lifespan Waiver (1915(c)) — adjacent, not a Delmarva Family Care launch route	People with intellectual/developmental disabilities	Self-direction of personal care exists via an Agency-with-Choice broker, but personal care/respice are capped at \$2,700/year combined , and Lifespan and DSHP Plus are mutually exclusive — the member must choose one [PRIMARY — DHSS, <i>Compare Lifespan v. DSHP Plus</i> — https://dhss.delaware.gov/ddds/homepage/services/waiver-programs/compare-plans/]. Listed so families are not double-enrolled.

- DSAAPD states the gateway rule plainly, and it applies to every route above: **“In order for a caregiver to be paid as a personal care attendant, the person receiving the care must be eligible for and enrolled in a Personal Attendant Services Program”** [PRIMARY — DSAAPD attendant-services FAQ — https://dhss.delaware.gov/dsaapd/faq_attendant.html]. There is no route in which the caregiver qualifies first and the participant catches up later.

A5. Electing self-direction

- Self-direction is a **choice the member/family makes**, recorded by the plan. In the pediatric program, the DFH Care Coordinator “shall obtain from the member a **signed statement** regarding the member’s decision to participate or not participate in SDAC” [PRIMARY — DFH Payment Policy DE.PP.001, Assessment of Care].
- In the adult LTSS program, “the member or their designated representative shall direct services” [PRIMARY — DFH DE.PP.003]. A member who cannot or does not want to direct care uses a designated representative — which is where the Employer Representative (A7) comes in.
- Self-direction is not irrevocable and not unconditional: the MCO case manager monitors “a member’s participation in SDAC to determine, at a minimum, the success, and the viability of the service delivery model for the member” [PRIMARY — DFH DE.PP.003]. A family that cannot run the employer side can be moved back to agency-directed care.

A6. Authorized hours in a care plan

- Paid care exists only inside an authorization: the MCO reviews and approves medically necessary hours; in SDAC “hour limits vary by child according to the child’s approved personal care/home health aide services hours based on medical necessity, determined by the child’s medical team” [PRIMARY — SDAC FAQ].
- The authorization also fixes the *content* of care: ADL help (bathing, dressing, personal hygiene, transferring, toileting, skin care, eating, mobility) and, **only when written into the service plan**, IADL help (light housekeeping, shopping, meal preparation) that “must be essential to the health and welfare of the participant... provided to only the member and not for general utility within the household” [PRIMARY — DFH DE.PP.003].

- **Respite cannot be swapped for attendant hours:** “The respite benefit may not be substituted for additional attendant hours” [PRIMARY — DFH DE.PP.003].

A7. The Employer Representative (ER) — required to direct the care

- **What the ER is:** “the representative designated by a member to assume the employer responsibilities on the member’s behalf” [PRIMARY — DFH DE.PP.001/DE.PP.003 definitions]. The ER manages service delivery, provides oversight to the self-directed workers, and approves timesheets [PRIMARY — SDAC FAQ].
- **Who may serve:** in SDAC, “the employer representative can be a parent/guardian or another designee” [PRIMARY — SDAC FAQ]. For children, a parent/guardian — or a representative the parent/guardian designates — directs the service [PRIMARY — DFH DE.PP.001].
- **Who may NOT serve / hard limits:**
 - The ER **cannot provide the care** — “Employer representatives cannot provide the care,” and “paying employer representative to give care is prohibited” [PRIMARY — SDAC FAQ; DFH DE.PP.003]. This is the rule that decides family structure: *whoever directs, does not get paid to care*.
 - The attendant “cannot be the employer representative” — the two roles can never be the same person [PRIMARY — SDAC FAQ].
 - The ER agreement is a signed document: the FMS/care coordinator oversees “completion of the Employer Representative agreement signage to ensure that the signer is not the attendant care employee for the member” [PRIMARY — DFH DE.PP.001]. If the ER changes, employment agreements must be re-signed by the new ER [PRIMARY — DFH DE.PP.003].
 - The ER is trained for the role: initial and ongoing training of employer representatives is an FMS function [PRIMARY — SDAC FAQ, Role of FMS].
 - A **back-up plan** is part of the package: the FMS/supports broker helps the member execute the member’s back-up plan for when a caregiver is unavailable, and the case manager monitors that it is implemented [PRIMARY — DFH DE.PP.003].
 - **The both-parents consequence (SDAC):** one parent may be the ER and the other the paid attendant; **or** the family appoints a non-parent/guardian ER, and then “each parent/guardian could then provide and be paid for SDAC” (each within the 40-hour cap, §B3) [PRIMARY — SDAC FAQ].

A8. Home / community setting

- SDAC services are provided “in an **integrated community setting**,” and the benefit “is **not offered to persons living in assisted living or nursing facilities**” [PRIMARY — DFH DE.PP.003 definition of Self-Directed Attendant Care].
- The care is delivered where the participant lives — § 1145 defines the setting as the person’s “private residence” / domicile [PRIMARY — 16 Del. C. § 1145(b)(8), Delaware Code Online — <https://DELCODE.DELAWARE.GOV/title16/c011/sc05/index.html>].

- At the agency level, Delmarva Family Care’s PASA regulation also requires an **initial home visit and consumer evaluation in the consumer’s residence before services begin**, covering physical condition/ADL ability, social situation and living arrangements, and mental status (16 DE Admin. Code 3345-5.2) [PRIMARY — regulation text, see Sources].

A9. Age / disability categories — summary

- **Adults:** 18 or older with a qualifying disability for DSHP Plus self-direction [OPERATOR — GT Independence DSHP Plus page]; LTSS financial/level-of-care tests per A2–A3. (DSHP Plus also covers nursing-facility and dual-eligible members, but self-directed attendant care is the community benefit described here.)
 - **Children:** on Medicaid, **up to age 21**, with a complex medical condition, I/DD, and/or behavioral-health condition producing the ADL/IADL need [PRIMARY — SDAC FAQ]. No minimum age is stated in the FAQ [the FAQ is silent — see Open Questions].
 - **DSAAPD attendant services:** 18+, disability, financial + functional eligibility [PRIMARY — DSAAPD page, A4].
 - **Mutual exclusivity:** Lifespan Waiver and DSHP Plus cannot be received at the same time [PRIMARY — DHSS compare-plans page].
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Section B — The Family Caregiver (attendant Delmarva Family Care employs and pays)

Delmarva Family Care’s launch model is the **agency-employer model**: Delmarva Family Care is the licensed PASA, the Medicaid-enrolled provider, and the caregiver’s W-2 employer. The rules below are stated for that model. Where the self-directed (FMS) route applies different rules, the difference is flagged — families will meet both, because SDAC families work through an FMS, and Delmarva Family Care’s agency alternative sits beside it.

B1. Age minimum — 18

- The program minimum qualifications for a self-directed attendant care employee are: “**at least 18 years of age**, have the skills necessary to perform the required services, possess a valid Social Security number and willing to submit to a criminal record check” [PRIMARY — DFH DE.PP.003, Attendant Care Employee Qualifications; identical language in DE.PP.001].
- The state SDAC FAQ states the same floor for self-directed employees: “Be at least 18 years old” [PRIMARY — SDAC FAQ].
- Delmarva Family Care applies 18+ to **all** caregivers it employs, family or not. (Regulation 3345 does not print a separate agency-worker age; the program standard above is the operative floor, and 18 is also what the FMS route requires — one rule for the whole company. The absence of an express 3345 age clause is noted in Open Questions.)

B2. Skills and fitness for the specific care

- The attendant must “have the skills necessary to perform the required service” [PRIMARY — SDAC FAQ; DFH DE.PP.003]. In the self-directed route, the ER/family determine what skills are needed, whether the worker has them, and help train the worker on the child’s individual needs [PRIMARY — SDAC FAQ].
- In the agency route, the standard is the PASA competency regime (B7): orientation on the regulation’s topics plus a passed competency test before the first visit and annually [PRIMARY — 16 DE Admin. Code 3345-4.5].
- Care tasks are limited to what the care plan authorizes and what a competent consumer could normally do for themselves but for functional limitation — non-skilled personal care only. Skilled nursing tasks are outside the PASA license entirely (master plan §2.5).

B3. Relationship rules — who counts as family, and the legally-responsible-person rules

- **The broad door:** “Members have the flexibility to hire persons with whom they have a close personal relationship to serve as an Attendant Care Employee, such as a **neighbor, friend, or family member**” [PRIMARY — DFH DE.PP.003]. There is no requirement that the caregiver be a relative at all.
- **Legally responsible persons CAN be paid — with a cap:** “Family members who are legally responsible for the child (e.g., a parent or legal guardian) are **each limited to providing up to 40 hours of SDAC a week** for authorized hours” [PRIMARY — SDAC FAQ]. DFH’s LTSS policy states the identical cap for adult members: “Legally responsible family members are limited to providing 40 hours of week of care” [PRIMARY — DFH DE.PP.003].
- “Legally responsible” means: a **parent or legal guardian** for a child participant; a **spouse** (and a parent/guardian of an adult under guardianship) for an adult participant. Adult children are **not** legally responsible for a parent — the cap does not apply to them; their limit is the authorized hours plus ordinary overtime law (B5).
- **Hours above the cap:** “Authorized hours above the 40-hour cap can be provided by another designated individual who is **not** a legally responsible family member” [PRIMARY — SDAC FAQ]. The cap is per person, not per family — two legally responsible caregivers can each work up to 40.
- **The respite exception:** for **respite** services (a different benefit), DFH’s policy bars legally responsible persons and the member’s representative from serving as the attendant at all [PRIMARY — DFH DE.PP.003, Respite Care limitations]. Do not quote the respite bar as an attendant-care rule, or vice versa.
- **Agency employment of parents:** if a parent does not want to self-direct, “parents/guardians can apply and if hired can work through a home health agency that provides attendant care/home health aide services,” where the agency’s policy is to hire parents [PRIMARY — SDAC FAQ]. Delmarva

Family Care’s policy **is** to hire them — that is the business — subject to every screening and training rule in this section, with no exceptions for family.

- **No fund-sharing:** “Sharing of funds from the attendant to the member are prohibited” [PRIMARY — DFH DE.PP.003]. The caregiver’s wages are the caregiver’s; any arrangement that routes pay back to the participant voids the arrangement and is a fraud fact-pattern.

B4. Background Check Center screening (agency route) — the full stack

Delaware law builds the screen in layers. All of them apply to a Delmarva Family Care caregiver:

1. **Fingerprint-based criminal history (16 Del. C. § 1145).** “An employer may not employ an applicant for work in a private residence before obtaining a criminal history” — the report covers the applicant’s **entire FBI record and Delaware SBI record** [PRIMARY — § 1145(b)(4), (c)]. The applicant must, on request, provide accurate information sufficient to secure the history and execute full releases, including a release to update the history while employed; refusal carries a civil penalty of \$1,000–\$5,000 [PRIMARY — § 1145(j), (k)]. An employer that hires without securing the history faces the same \$1,000–\$5,000 per-violation penalty [PRIMARY — § 1145(g)]. - **Mechanics:** fingerprinting at the Delaware State Police, State Bureau of Identification, **600 S. Bay Road, Suite 1, Dover** — walk-in, Mon–Fri 8:00 a.m.–3:30 p.m.; bring photo ID and a completed Criminal History Record Request form; **fee \$85.00** (cash, Visa/MasterCard/Discover, business check or money order to Delaware State Police) [PRIMARY — DHCQ, *Criminal Background Checks, Fingerprinting and Mandatory Drug Testing* — <https://dhss.delaware.gov/dhcq/dhcq/background-checks/>]. - **Conditional employment:** the no-employment rule “may be suspended for **60 days** from the date of hire” **only after** the employer has received verification that the applicant has been fingerprinted by SBI [PRIMARY — § 1145(e)]. Conditional employment ends immediately if a disqualifying conviction appears (16 DE Admin. Code 3110 definitions). - **Currency:** a criminal history report is valid for a prospective employer for **1 year** from the last fingerprinting [PRIMARY — § 1145(c)]; the BCC’s **Rap-back** continuously reports new Delaware arrests/convictions for everyone on the BCC Master List, and a fresh check is triggered when the previous check is 3 years old or older (Rap-back does not capture FBI updates) [PRIMARY — 16 DE Admin. Code 3110-5.0].
2. **The Background Check Center (29 Del. C. § 7972; 16 DE Admin. Code 3110).** Every person working for the agency must be on the **BCC Master List**, with a signed **BCC consent form** on file (kept in a discrete file, available to the Department on request) [PRIMARY — 3110-4.1, 3110-10.2–10.3, via Cornell/Justia mirrors of the regulation]. Through one portal the BCC pulls: SBI state + FBI criminal checks, **Adult Abuse Registry**, Nurse Aide Registry, **national and Delaware sex-offender registries**, professional-license verification, **OIG** data, Department of Labor service letters, **Child Protection Registry**, and drug-test results via DHIN [PRIMARY — DHCQ BCC page]. BCC disclosures are confidential and may be used **solely** to determine suitability for employment [PRIMARY — 3110-10.8–10.9].
3. **Disqualifying convictions (16 DE Admin. Code 3110-8.2).** “No agency shall employ a person who has, within the past **15 years**, been convicted of **abusing, neglecting or mistreating a resident of**

a facility, or an adult who is impaired, or of a theft-related misdemeanor within the past 2 years, or of a theft-related felony within the past 10 years.” An employer may not employ or continue to employ anyone with a conviction the Department’s regulations deem disqualifying [PRIMARY — § 1145(f)]. Suitability decisions also follow EEOC guidance on arrest/conviction records (3110-8.3); the criminal history excludes arrests that did not result in conviction (3110-3.0 definition).

4. **Registry bars.** Appearance on the **Adult Abuse Registry** (11 Del. C. § 8564), the **sex-offender registries**, or the federal **excluded-provider list (OIG LEIE)** is an absolute bar to providing SDAC services [PRIMARY — DFH DE.PP.003] and, through the BCC, is screened for every agency hire [PRIMARY — DHCQ BCC page]. For caregivers who will serve **children**, the BCC’s **Child Protection Registry** check is part of the same pull [PRIMARY — DHCQ BCC page].
5. **The self-directed (FMS) route differs on a failed check — know the difference.** Under DFH’s SDAC policy, the FMS runs the same checks (criminal history per 3110, Adult Abuse Registry, sex-offender registries, excluded-provider list) and notifies the member of findings. If the member **insists** on hiring a person who does not pass the *criminal history* check, the member may do so after risk education by signing a **waiver of liability** holding the State and the plan harmless. The registry bars in item 4 are **not** waivable [PRIMARY — DFH DE.PP.003]. **Delmarva Family Care’s agency route has no waiver:** 3110-8.2 disqualifiers and § 1145(f) bar employment, full stop. Delmarva Family Care will not use the FMS waiver pathway for its own employees.

B5. Hours, overtime, and per-participant limits

- **The 40-hour cap** applies to each legally responsible family caregiver, per week, against authorized hours (B3) [PRIMARY — SDAC FAQ; DFH DE.PP.003].
- **Multiple attendants are allowed** — a participant’s authorized hours may be split among attendants; hours above the legally-responsible cap go to a non-legally-responsible attendant (B3) [PRIMARY — SDAC FAQ].
- **Overtime (self-directed route):** workers receive overtime at **1.5×** for hours over 40 in a work week — **except** workers who live in the same home as the member, who do not receive overtime and must complete an FMS form confirming they live with the member; hours are **not** counted across MCOs, FMS entities, or members [PRIMARY — DFH DE.PP.003, Overtime]. In Delmarva Family Care’s agency model, caregivers are ordinary non-exempt W-2 employees: Delaware/federal overtime (1.5× over 40 hrs/week for the employer) is priced into scheduling — the program cap and the wage-and-hour law are separate ceilings and both bind.

B6. Drug screening (16 Del. C. § 1146) — required, results before work

- “An employer may not employ any applicant without first obtaining the results of that applicant’s mandatory drug screening” [PRIMARY — § 1146(b)]; restated for work in a private residence at § 1146(e), and in the BCC regulation: “The employer must ensure that no Applicant is

employed without first receiving the results of the Applicant's mandatory drug test" [PRIMARY — 3110-10.4]. Non-compliance: \$1,000–\$5,000 civil penalty per violation [PRIMARY — § 1146(g)].

- **The panel** is set by Department regulation and covers: **marijuana/cannabis, cocaine, opiates, phencyclidine (PCP), amphetamines**, and any other illegal drug the Department specifies [PRIMARY — § 1146(d)]. Delaware's legalization of recreational marijuana does **not** remove marijuana from this panel for this workforce.
-  **Tension in the sources — flagged, not smoothed over:** DHCQ's public webpage tells employers they "may hire an applicant on a conditional basis pending receipt of the drug test results, after the employers obtain proof that the applicant submitted to the testing" [PRIMARY — DHCQ background-checks page]. That sits uneasily with the statutory text and 3110-10.4 above, which require the **results** before employment. **Delmarva Family Care's rule until DHCQ/counsel resolve it in writing: no caregiver works a visit before drug-screen results are in hand.** See Open Questions.
- In the SDAC/FMS route, drug testing is **not** listed among DFH's attendant qualifications — the FMS checks are criminal/registry-based [PRIMARY — DFH DE.PP.003]. The drug screen binds because Delmarva Family Care is the employer under §§ 1145–1146, not because the MCO asks for it.

B7. Training, orientation, and competency (agency route — 16 DE Admin. Code 3345-4.5)

- **Orientation before service:** "All direct care workers are required to complete an orientation program given by the Agency **before providing services to a consumer**" [PRIMARY — 3345-4.5.1]. The program must cover the regulation's enumerated topics (3345-4.5.2.1–.24), including: agency structure and consumer-care policies; consumer rights; nutrition; growth, development and aging; **infection control**; observing, reporting and documenting consumer status; least-restrictive environment; communication skills; **body mechanics**; needs of the elderly and persons with disabilities; **ADLs**; assistive technology; meal planning/preparation including special diets; emotional and physical problems of illness, disability and aging; maintaining a clean, healthy, safe environment; what must be referred back to the agency; **confidentiality**; the service plan; applicable state regulations; and **dementia-specific training** (communication, psychological/social/physical needs, safety) [PRIMARY — 3345-4.5.2].
- **Competency test:** "All direct care workers must **pass a competency test prior to providing care** to consumers and **annually thereafter**," covering the orientation competencies; the agency must ensure each worker "is proficient to carry out the care assigned in a safe, effective and efficient manner" [PRIMARY — 3345-4.5.3]. Agencies serving people with Alzheimer's/related dementias must also give **annual dementia-specific training** [PRIMARY — 3345-4.5.4]. All staff must also be oriented to the agency's disaster-preparedness plan [PRIMARY — 3345-8.3].
- **Health screening:** personnel files must contain a health history: **pre-employment and annual TB testing** per CDC recommendations; no one with active infectious TB may give care; and **a physical examination completed within 12 months before employment/referral**, kept on file [PRIMARY —

3345-4.4.2.6]. Personnel records must also hold verification of pre-employment compliance, documentation of competence, education/work history, annual performance evaluations, and the appointment letter [PRIMARY — 3345-4.4.2].

- **Self-directed route:** training is set by the family/ER with FMS support — the ER/family “help train the self-directed employees on the child’s individual needs,” and the FMS trains the ER [PRIMARY — SDAC FAQ]. Delmarva Family Care caregivers get the full 3345 orientation regardless of route, because Delmarva Family Care is the employer of record in its model.

B8. Work authorization and employment paperwork

- **Form I-9 (federal):** every employer must verify the identity and employment authorization of each person hired, complete and retain Form I-9 for each employee [PRIMARY — USCIS, *Handbook for Employers M-274 / I-9 Central* — <https://www.uscis.gov/i-9-central>]. The employee completes Section 1 by the first day of work and presents acceptable identity/authorization documents; the employer may not dictate which documents.
- **Valid Social Security number:** an express program qualification for attendant care employees [PRIMARY — DFH DE.PP.003; SDAC FAQ].
- **Citizenship/identity verification in the FMS route:** the FMS “assist[s] members in verifying Attendant Care Employees’ citizenship status” [PRIMARY — DFH DE.PP.003, FMS functions]. GT Independence likewise performs “citizenship status verifications” for DSHP Plus/DSAAPD caregivers [OPERATOR — GT program pages].
- **Tax and payroll forms:** Form W-4 (federal withholding) and Delaware withholding, plus the BCC consent form (B4) — standard employer onboarding; the FMS route collects the same employer paperwork through the FMS [PRIMARY as to the FMS’s role — DFH DE.PP.003: FMS processes “payroll, withholding, filing and payment of applicable Federal, State and Local employment-related taxes”].
- **Employment agreement before services (SDAC/FMS route):** the FMS “will ensure that each member has an **employment agreement** with an Attendant Care Employee **prior to services being provided**... DFH will not pay an Attendant Care Employee for the provision of SDAC unless the Attendant Care Employee has a signed employment agreement with the member” [PRIMARY — DFH DE.PP.003]. In Delmarva Family Care’s agency model the equivalent is the signed offer/ appointment documentation in the personnel file (3345-4.4.2.5) plus the consumer-side written agreement (C2).

B9. EVV duties — a condition of being paid

- Attendant care (including the self-directed option) is an **EVV-covered service** in Delaware. The caregiver must log each visit in the electronic system (phone, tablet, or other device) capturing the federally required elements — type of service, person served, person providing, date, location of

service, start and end times [PRIMARY — DMMA EVV page — <https://dhss.delaware.gov/dmma/home/electronic-visit-verification/> ; master plan §2.6].

- **Hard enforcement:** “Effective **July 1, 2025**, claims for services subject to EVV that cannot be matched to a corresponding EVV visit will be denied payment” [PRIMARY — DMMA EVV page]. A missed clock-in or clock-out is not an inconvenience; it is an unpaid visit.
- SDAC is expressly EVV-subject [PRIMARY — SDAC FAQ: “Is SDAC subject to Electronic Visit Verification (EVV)? Yes.”].
- Practical qualification: the caregiver must be able and willing to use the EVV app (or the landline/ telephonic alternative) on every visit, and to correct visit data promptly in the system when an exception posts.

B10. Caregiver disqualifiers — the complete list

A person **cannot** be a Delmarva Family Care paid caregiver if they:

1. Are under 18 (B1).
2. Lack a valid SSN or federal work authorization (B1, B8).
3. Are the participant’s **Employer Representative**, or the person who directs the care (B3, A7) [PRIMARY — SDAC FAQ; DFH DE.PP.003].
4. Have a **disqualifying conviction** under 3110-8.2 within its look-back windows (abuse/neglect/ mistreatment — 15 yrs; theft felony — 10 yrs; theft misdemeanor — 2 yrs) (B4).
5. Appear on the **Adult Abuse Registry**, a **sex-offender registry** (state or national), or the **federal excluded-provider list** (B4).
6. Refuse or fail the pre-employment **drug screening**, or the employer has not yet received the results (B6).
7. Have not completed **orientation** and passed the **competency test**, or lack the required **physical exam/TB** documentation (B7).
8. Would exceed the **40-hour legally-responsible cap**, for the hours in question (B3/B5).
9. Are listed as the attendant for **respite** while being legally responsible for the member or the member’s representative (B3, respite rule).
10. Cannot or will not use **EVV** for every visit (B9) — a practical disqualifier, because unmatched visits are not paid.

Section C — The Sign-Up Packet: Documents and Checklists

Two different moments, two different packets. **Today** (Delmarva Family Care in formation), sign-up is an interest-list registration only: the website and kiosk collect name, mobile number, email, ZIP, relationship, who needs care, coverage status, and best contact time — **no Medicaid numbers, no SSNs, no dates of birth**. **At enrollment** (once Delmarva Family Care is licensed and enrolled), the

packet below applies. It is split the way Louis asked: what the **state/program requires** versus what **Delmarva Family Care collects to verify** the same facts faster and keep the file audit-clean.

C1. What the state / program requires

For the participant:

- [] **Medicaid application or active coverage.** Application through Delaware ASSIST, a State Service Center, or — for long-term care — DMMA Central Intake, **1-866-940-8963** [PRIMARY — DMMA LTC page; DSS Medical Assistance page]. DSS decides eligibility; the application will require proof the state can verify: identity/citizenship or immigration status, income (a full month's pay stubs or tax return if self-employed), and — for LTSS — asset documentation [document list pattern per DHSS program flyers, e.g., DHCP — <https://www.dhss.delaware.gov/dmma/dhcpflyer.html>].
- [] **Delaware Medicaid ID / member card and MCO assignment** (AmeriHealth Caritas Delaware, Highmark Health Options, or Delaware First Health). If the family does not know the child's MCO, DMMA's customer line can identify it: (302) 571-4900 / (866) 843-7212 [PRIMARY — SDAC FAQ].
- [] **Level-of-care / medical-necessity assessment** by the MCO care coordinator (adults: nursing-facility level of care; children: medical/behavioral-health team + MCO determination) [PRIMARY — A3].
- [] **Care plan with authorized hours**, signed off by the MCO [PRIMARY — A6].
- [] **Signed self-direction election** where the plan requires it (pediatric SDAC: signed statement of the decision to participate) [PRIMARY — DFH DE.PP.001].
- [] **Employer Representative agreement**, signed, with the ER not being the attendant [PRIMARY — DFH DE.PP.001/003; A7].
- [] **Back-up plan** for caregiver-absence coverage, developed with the FMS/case manager [PRIMARY — DFH DE.PP.003].
- [] If income exceeds the cap: **Miller Trust** documents (established before/at eligibility) [PRIMARY — DMMA LTC page].
- [] If someone acts for the participant: the authority document — guardianship, power of attorney, or advance health-care directive (the § 1145 definition of “authorized representative” tracks exactly these instruments) [PRIMARY — 16 Del. C. § 1145(b)(2)].
- [] **Consumer agreement with the agency (PASA):** a written agreement specifying services, hours/days, emergency and termination procedures, and the financial terms, signed by the consumer or representative; plus the Department-form disclosure of the agency's and worker's tax / workers' comp / liability-insurance status (16 DE Admin. Code 3345-5.1.3–5.1.4) [PRIMARY — regulation text]. Intake policies must be discussed with the consumer or representative (3345-5.1.2), and the consumer's rights notice given at the initial home visit or before services start (3345-6.2).

For the caregiver (as an employee):

- [] **Photo ID + completed Criminal History Record Request form** for SBI fingerprinting (\$85 fee) [PRIMARY — DHCQ page].

- [] **Fingerprints taken at SBI Dover** (or documented prior fingerprinting — a BCC criminal history report is valid 1 year from last fingerprinting for a new employer [PRIMARY — § 1145(c)]).
- [] **Signed BCC consent form** [PRIMARY — 3110-10.2].
- [] **Drug screening** completed with results received by the employer **before** the first worked visit [PRIMARY — § 1146; 3110-10.4; see the B6 flag].
- [] **Form I-9** with acceptable documents, and a **valid Social Security number** [PRIMARY — USCIS; DFH DE.PP.003].
- [] **Form W-4** and Delaware withholding form (payroll setup; direct-deposit authorization is Delmarva Family Care's payroll practice — see C2).
- [] **Physical examination within the prior 12 months** and **TB testing** documentation for the personnel file [PRIMARY — 3345-4.4.2.6].
- [] **Orientation completion + passed competency test** records [PRIMARY — 3345-4.5].
- [] **Signed employment agreement** before any paid service (SDAC/FMS route) [PRIMARY — DFH DE.PP.003]; agency route: signed appointment/offer documentation [PRIMARY — 3345-4.4.2.5].
- [] If claiming the live-in overtime exception (FMS route): the signed **FMS residency form** confirming the caregiver lives with the member [PRIMARY — DFH DE.PP.003].

C2. What Delmarva Family Care collects to verify (company file — not state forms)

These are Delmarva Family Care's verification copies and internal records. They prove the state-required facts and protect the family at audit; they are not additional state requirements, and families should be told the difference.

Participant file: - [] Copy of Medicaid card + MCO card (front/back) — verifies active coverage and plan assignment. - [] Proof of Delaware address where care will occur (utility bill, lease, or mail) — verifies residency/service location for the home visit and EVV. - [] Copy of the MCO authorization / care plan pages showing approved hours and tasks — verifies Delmarva Family Care never schedules beyond authorization. - [] Photo ID of participant and of the ER; proof of the ER's relationship/authority where claimed (e.g., guardianship papers already in C1). - [] Emergency contact + back-up caregiver name and phone (operational copy of the C1 back-up plan). - [] Signed Delmarva Family Care service agreement, rights acknowledgment, and the 3345-5.1.3 disclosure form (state-required documents, Delmarva Family Care-filed).

Caregiver file: - [] Proof of relationship to the participant as represented (e.g., birth/marriage record or attestation) — Delmarva Family Care verifies the legally-responsible determination that drives the 40-hour cap; the *program* imposes the cap, Delmarva Family Care documents who it applies to. - [] Direct-deposit details (voided check or bank letter) — payroll practice; paper-check alternative noted for unbanked caregivers. - [] Education/work history summary and skills attestation for the tasks in the care plan (3345 personnel-file content). - [] EVV app enrollment confirmation + device/landline method recorded. - [] Copies of all screening receipts and result confirmations (fingerprint receipt, BCC consent,

drug-screen result confirmation, registry-check printouts) — the audit file behind §B4–B6. - [] Annual re-verification calendar entries: competency re-test, TB attestation/testing, dementia training where applicable, criminal-history refresh at the 3-year Rap-back gap.

Sources

Primary sources relied on (name — URL — what it establishes):

1. **16 Del. C. §§ 1145–1146, Delaware Code Online** — <https://DELCODE.DELAWARE.GOV/title16/c011/sc05/index.html> — criminal-history-before-employment rule, 60-day fingerprint-first conditional employment, applicant duties/penalties, drug-screen-before-employment rule and the five-drug panel.
2. **DMMA, Long Term Care Medicaid Programs** — <https://dhss.delaware.gov/dmma/home/medicaid/long-term-care-medicaid-programs/> — Delaware residency, skilled/intermediate (nursing-facility) level of care, income limit set at 250% of SSI, Miller Trust requirement, \$2,000 asset limit, Central Intake phone.
3. **SSA, SSI Federal Benefit Rate 2026** — <https://www.ssa.gov/ssi/text-benefits-ussi.htm> and <https://www.ssa.gov/news/en/cola/factsheets/2026.html> — 2026 FBR \$994 individual / \$1,491 couple; SSI resource limits \$2,000/\$3,000. (250% × \$994 = the \$2,485 income cap.)
4. **DMMA, Self-Directed Attendant Care for Children — FAQ (Dec 2024)** — <https://dsadelaware.org/wp-content/uploads/SDAC-FAQ-122024-1.pdf> — SDAC eligibility (Medicaid, up to 21, qualifying conditions, ADL/IADL need), employee qualifications (18+, skills, valid SSN, criminal check), ER rules and the both-parents structure, 40-hour legally-responsible cap and above-cap staffing rule, EVV, FMS role, agency-employment alternative for parents, MCO-set rates.
5. **Delaware First Health Payment Policy DE.PP.001 (SDAC — Non-LTSS Pediatric, rev. 5/2024)** — <https://www.delawarefirsthealth.com/content/dam/centene/delaware/Policies/payment-policies/Payment%20Policy%20-%20Self-Directed%20Attendant%20Care%20for%20Non-LTSS%20Pediatric%20DE.PP.001.pdf> — signed SDAC election statement, ER agreement signer ≠ attendant, child eligibility criteria.
6. **Delaware First Health Payment Policy DE.PP.003 (SDAC — LTSS, rev. 05/2024)** — <https://www.delawarefirsthealth.com/content/dam/centene/delaware/Policies/payment-policies/Payment%20Policy%20-%20Self-Directed%20Attendant%20Care%20for%20LTSS%20DE.PP.003.pdf> — adult SDAC definitions and community-setting rule, medical-necessity test, attendant minimum qualifications, 3110 criminal check + Adult Abuse Registry + sex-offender + excluded-list checks, liability-waiver pathway and its limits, employment-agreement-before-payment rule, FMS functions (citizenship verification, payroll/taxes, workers' comp), overtime rules and live-in exception, respite limitations and bars, fund-sharing prohibition, case-manager monitoring and back-up plan.
7. **DHCQ, Criminal Background Checks, Fingerprinting and Mandatory Drug Testing** — <https://dhss.delaware.gov/dhcq/dhcq/background-checks/> — SBI Dover fingerprinting location/hours, \$85 fee, ID + form to bring; BCC data sources (SBI/FBI, Adult Abuse Registry, Nurse Aide Registry, sex-

offender registries, professional regulation, OIG, DOL service letters, Child Protection Registry, DHIN drug tests); DHCQ's conditional-hire-pending-drug-results statement (see the B6 flag).

8. **16 DE Admin. Code 3110 (Background Checks and Drug Testing for Programs and Home Care Agencies)** — regulation text via Cornell LII mirrors: definitions <https://www.law.cornell.edu/regulations/delaware/16-Del-Admin-Code-SS-3110-3.0> ; criminal history/disqualifiers <https://www.law.cornell.edu/regulations/delaware/16-Del-Admin-Code-SS-3110-8.0> ; employer responsibilities <https://www.law.cornell.edu/regulations/delaware/16-Del-Admin-Code-SS-3110-10.0> ; Rap-back via Justia <https://regulations.justia.com/states/delaware/title-16/departments-of-health-and-social-services/division-of-health-care-quality/3110/section-3110-5-0/> — Master List and consent forms, 8.2 disqualifying convictions, 10.4 drug-results-before-employment, Rap-back and 3-year refresh. Official text: Delaware Administrative Code, Title 16, § 3110 (regulations.delaware.gov); DHSS regulation index: <https://dhss.delaware.gov/dhcq/dhcq/regulations/> .
9. **16 DE Admin. Code 3345 (Personal Assistance Services Agencies)** — <https://www.law.cornell.edu/regulations/delaware/16-Del-Admin-Code-SS-3345-4.0> (§ 4.0 incl. 4.4 personnel/health records and 4.5 orientation topics + competency test) and <https://regulations.justia.com/states/delaware/title-16/departments-of-health-and-social-services/division-of-health-care-quality/3345/section-3345-6-0/> (§ 6.0 consumer rights); § 5.0 intake/agreement/disclosure per regulation text — PASA personnel files, TB/physical-exam rules, orientation before service, competency test before care and annually, intake policies, tax/insurance disclosure form, written consumer agreement, initial home visit and evaluation, consumer rights notice.
10. **DMMA, Electronic Visit Verification** — <https://dhss.delaware.gov/dmma/home/electronic-visit-verification/> — EVV requirement for in-home PCS, Sandata registration, and the July 1, 2025 unmatched-visit denial rule. EVV FAQ (9.29.25): <https://dhss.delaware.gov/wp-content/uploads/sites/9/2025/10/DMMA-EVV-FAQs-Final-9.29.25.pdf> .
11. **DSAAPD, In-Home Support to Help You Live Independently** — <https://dhss.delaware.gov/dsaapd/division-of-services-for-aging-and-adults-with-physical-disabilities/in-home-support-to-help-you-live-independently/> — personal care for residents 60+ or 18+ with physical disability; self-directed Attendant Services: 18+, disability, financial + functional eligibility.
12. **DSAAPD, Attendant Services FAQ** — https://dhss.delaware.gov/dsaapd/faq_attendant.html — programs that let participants hire their own attendants (including family and friends); the participant must be eligible for and enrolled in a PAS program before a caregiver can be paid; ADRC as front door.
13. **DHSS/DDDS, Compare Lifespan v. DSHP Plus** — <https://dhss.delaware.gov/ddds/homepage/services/waiver-programs/compare-plans/> — mutual exclusivity, consumer-direction support in both, Lifespan personal-care/respite \$2,700/year combined cap.
14. **GT Independence, Delaware DSHP Plus program page** — <https://gtindependence.com/state/delaware/delaware-diamond-state-health-plan-dshp/> and **DSAAPD program page** — <https://gtindependence.com/state/delaware/delaware-division-of-services-for-aging-and-adults-with-physical-disabilities-dsaapd/> — [OPERATOR] who the programs serve (DE resident, 18+, qualifying

disability), hire/manage/fire rights, FMS handling of taxes, workers' comp, background screenings, citizenship verifications, EVV.

15. **USCIS, I-9 Central / Handbook for Employers (M-274)** — <https://www.uscis.gov/i-9-central> — employer duty to verify identity and employment authorization and complete/retain Form I-9 for every hire.
16. **DSS, Medical Assistance Programs** — <https://dhss.delaware.gov/dss/division-of-social-services/medical-assistance-programs/> — DSS determines Medicaid eligibility; apply via ASSIST or any State Service Center.

Secondary sources (used only where flagged): American Council on Aging, *Delaware Medicaid Eligibility: 2026 Income & Asset Limits* — <https://www.medicaidplanningassistance.org/medicaid-eligibility-delaware/> ; ElderLawAnswers, *Key State Medicaid Information for Delaware* — <https://www.elderlawanswers.com/key-state-medicaid-information-for-delaware> (2026 CSRA/MMMNA/home-equity/transfer figures); CareRuleBook Delaware home-care guide — <https://www.carerulebook.com/us/delaware/home-care> (cross-check of 3110/3345 mechanics).
